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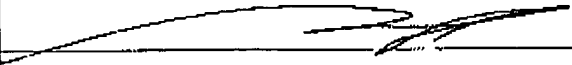
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/057,846
		Filing Date	January 25, 2002
		First Named Inventor	ROSKELLEY, CALVIN
		Group Art Unit	1624
		Examiner Name	Kahsay Habte
Total Number of Pages in This Submission	22	Attorney Docket Number	SMAR-020
<p align="center"><b>ENCLOSURES (check all that apply)</b></p>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Requested <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>USPTO Credit Card Payment Form</b>	<p>Remarks</p>
<p align="center"><b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b></p>			
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620		
Signature			
Date	January 13, 2005		

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 703-872-9306 on this date: January 13, 2005.	
Typed or printed name	Donna Macedo
Signature	
Date	January 13, 2005

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/057,846</b> Filing Date <b>January 25, 2002</b> First Named Inventor <b>ROSCELLEY, CALVIN</b> Examiner Name <b>HABTE, KASHAY</b> Art Unit <b>1624</b> Attorney Docket No. <b>SMAR-020</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>60.00</b>			

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: **50-0815** Deposit Account Name: **Bozicevic, Field and Francis LLP**  
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 under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 1 month Extension of Time

**60.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) <b>37,620</b>	Telephone <b>(650) 327-3400</b>
Name (Print/Type)	<b>Bret E. Field</b>		Date <b>01/13/2005</b>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JAN 13 2005

**VIA FACSIMILE**  
**703 872 9306**

<b>Amendment &amp; Response</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	Attorney Docket Confirmation No.	SMAR-020
	First Named Inventor	Roskelly
	Application Number	10/057,846
	Filing Date	January 25, 2002
	Group Art Unit	1624
	Examiner Name	Kahsay Habte
	Title	Antiangiogenic Compounds and an Assay for Inhibitors of Cell Invasion

Dear Sir:

In response to the FINAL REJECTION dated September 30, 2004, please amend the above-identified application as follows.